



Renewal Application for Vendor License

TYPE OF LICENSE: _____ LICENSE NO: _____ CONTACT I.D. NO: _____

☐ Door-to-Door Vendor ☐ Site Specific Vendor ☐ Regular Route Vendor

LOCATION OF VENDING SITE/PROPERTY(Site Specific Vendors Only)

House Number _____ Street _____

Town/City _____ Zip _____

APPLICANT/CONTACT/ORGANIZATION/VENDOR/VENDOR OPERATOR

Name of Applicant _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

Organization: _____ Day Phone # _____ Evening Phone # _____

Contact Person _____ Daytime Phone # _____

VENDOR APPLICANT ONLY

Name of Cross Street: _____

☐ CAP ☐ Signs ☐ ROW

Types of Goods Being Sold: _____

☐ M Site ☐ Private Property

Zone: _____

Types of Goods Being Sold: _____

CHECK ONE BELOW

No. of Photo ID's: _____ Additional Photo ID's: _____

☐ One Day License

Days of the Week: _____

☐ Sixty Day License

Hours Open From: _____ to _____

☐ One Year License

☐ Agricultural Cert. Required

☐ Health Dept. Cert. Required

AFFIDAVIT: I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the vendor license application are true and correct to the best of my knowledge, information and belief. I agree to comply with Section A-6.13 of Chapter 59, and the regulations of Chapter 47 of the Montgomery County Code, as amended, to take whatever action is required by the Department to bring the vendor operation into compliance if complaints of non-compliance are received and verified.

Signature of Applicant

Date

Printed Name of Applicant

Approved: _____

Date

Disapproved: _____

Revoked: _____